

PART II

Michigan Family Independence Agency
Office of Children and Adult Licensing

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

Resident Name	
Facility Name	License Number
Time Period Covered	
thru	

INSTRUCTIONS:

Please use a separate OCAL-2319 - Resident Funds - Part II for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Account ☐ SAVINGS ☐ CHECKING ☐ CASH ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify) 

[illegible]

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: Public Act 218 of 1979 R 400.14315 (3) and R 400.15315 (3)
COMPLETION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation